



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE  
DIVISION OF REGULATORY BOARDS  
ALARM SYSTEMS CONTRACTORS BOARD  
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR  
NASHVILLE, TENNESSEE 37243-1168  
PHONE (615) 741-9771 FAX (615)-532-2965

## ALARM QUALIFYING AGENT LICENSE - APPLICANT INSTRUCTIONS

**REMOVE THIS PAGE BEFORE YOU COPY OR SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR**

**YOUR RECORDS and please keep a photocopy of the completed application.**

**READ INSTRUCTIONS CAREFULLY**

Date Application Submitted to State: \_\_\_\_\_

Fees may be paid by cashiers check, money order or personal check made payable to: *Tennessee Department of Commerce and Insurance*

<b>Application Fee</b>	<b>\$100.00 (non-refundable)</b>
<b>Fingerprint Processing Fee</b>	<b>\$ 60.00 (non-refundable)</b>
<b>License Fee per Classification</b>	<b>\$ 50.00</b>
<b>Adding Classification(s)</b>	<b>\$100.00 (per classification added)</b>

✓ **If this office processes the fingerprints the total fee due with the application is: \$160.00**

**Note: Fingerprint Fee changes effective 10/01/2007.**

- **Application fees** are non-refundable and must be submitted with the application. The application will be returned without processing if the application fee is not enclosed.
- **Fingerprint Processing Fee:** You may forward three (3) completed fingerprint cards and the **\$60.00** fee to this office with your application. Should you choose this option, you must use the fingerprint cards provided by this office. No others will be accepted. Prints must be rolled nail-to-nail on the proper cards by a qualified, trained technician. The cards must be fully completed and signed by the applicant. All questions in the blocks at the top of the card must be answered, including citizenship, social security number, date and place of birth. Please refer to enclosed fingerprint processing memo for electronic submission options.
- **Two (2) 1" x 1" color passport-style photos** (with your name printed on the back of each) must be submitted with this application. Place photos in an envelope and attach the envelope securely to the application form.
- You must answer each question on the application. Enter N/A if the question does not apply to you. If you need additional space to answer any question, attach additional page(s) and identify each response by the item number on the application form.
- If your address changes during the application process or after issuance, you must notify this office in writing of your new address.
- If you fail to respond to any correspondence from this office your application will be **CLOSED** or **DENIED**.
- Unless paid in advance, a notice requesting the license fee(s) will be forwarded to the last known address of your company when your application has been approved. If payment of those fee(s) is not made within thirty (30) days your application will be closed or denied without further notice from this office.
- ❖ **You must be at least twenty one (21) years of age.**
- ❖ **It is your responsibility to know and understand the laws and rules regulating alarm systems contractors in the State of Tennessee.**
- ❖ **You must provide proof that you meet the minimum education and experience requirements.**
- ❖ **You must successfully complete the examination(s) for each classification applied for. If you are applying as the Designated Qualifying Agent, your classifications of licensure must match those of your alarm contracting company. Refer to the enclosed Examination Candidate Information Brochure for examination dates, locations and general information.**
- ❖ **Once issued, you are required to make your license and or company certification available to State and/or local authorities upon request. While on the job, you must wear the ID badge so that it is visible to the public at all times.**
- ❖ **You may not work in Tennessee in any position requiring licensure if your application is **CLOSED** or **DENIED**.**
- ❖ **If licensing as an **INDEPENDENT** Qualifying Agent, you may not work as a qualifying agent until you are affiliated with a certified alarm systems contractor.**



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FOR OFFICIAL USE ONLY - 3302

File # \_\_\_\_\_

Xact # \_\_\_\_\_

## ALARM CONTRACTOR QUALIFYING AGENT APPLICATION

REMOVE INSTRUCTIONS BEFORE SUBMITTING APPLICATION - TYPE OR PRINT ALL AREAS OF THIS APPLICATION

### 1. CHECK ONLY ONE (1) OF THE FOLLOWING:

☐ INITIAL APPLICATION ☐ REAPPLY ☐ ADD CLASSIFICATION(S)

### 2. INDICATE THE CLASSIFICATION(S) FOR WHICH YOU ARE APPLYING:

☐ BURG [Burglar Alarms (Install/Sell/Service)] ☐ FIRE [Fire Alarms (Install/Sell/Service)]  
☐ CCTV [Closed Circuit TV (Install/Sell/Service)] ☐ MONITORING (Burg/Fire/CCTV)

Please note: All applicants must successfully complete an examination in each alarm classification applied for.

### 3. PERSONAL DATA:

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Residence (Street) Address, Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Home Phone Number \_\_\_\_\_ E-mail address (If available) \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ Place (City, State) of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex(M/F) \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

a. Are you a United States Citizen?

Yes ☐ No ☐

If not, attach documentation establishing your legal alien status.

b. Have you ever used a name other than the one by which you are applying?

Yes ☐ No ☐

If yes, give the name(s) \_\_\_\_\_

Attach a separate sheet of paper explaining why the name(s) was used.

### 4. CURRENT EMPLOYMENT INFORMATION:

Name of Alarm Contractor \_\_\_\_\_ Company Certification Number \_\_\_\_\_

Business (Street) Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_ Company E-mail Address (If Available) \_\_\_\_\_

Job Title / Position \_\_\_\_\_ Date of Employment \_\_\_\_\_

5. Are you applying to become the Designated Qualifying Agent for this Alarm Company? Yes ☐ No ☐

- a. If you answered no, please have this application signed by the Designated Qualifying Agent for your alarm company.

Designated Qualifying Agent's Name and Signature

Date Signed

6. EDUCATIONAL BACKGROUND, EXPERIENCE REQUIREMENTS AND EMPLOYMENT HISTORY:

- a. Pursuant to **T.C.A. § 62-32-313(c)**: I intend to qualify for an Alarm Qualifying Agent License based on the following criteria: *Select only one (1).*

- ☐ **Four (4) year baccalaureate degree in electrical engineering** from an accredited university or college acceptable to the board with at least **two (2) years actual experience in the alarm industry**.  
[Please attach a photocopy of your college transcript and diploma]
- ☐ **Associates degree in engineering technology** from an accredited two (2) year technical college acceptable to the board with at least **four (4) years actual experience in the alarm industry**.  
[Please attach a photocopy of your college transcript and diploma]
- ☐ **Current certification by a national training program** approved by the board in the field of work to be installed, serviced or monitored and have at least **five (5) years of working experience in the alarm industry**. [Please attach a photocopy of the certification of completion] **A list of board approved initial application courses was included with your application packet.**

- b. List all alarm employment or occupations you have engaged in during the past five (5) years.  
*If more space is required, attach a separate sheet of paper.*

Name of Company or Firm

Employment Date (Mo./Yr.)

Business Address

Employment End (Mo./Yr.)

City

State

ZIP Code

(Area Code) Telephone number

Name of Company or Firm

Employment Date (Mo./Yr.)

Business Address

Employment End (Mo./Yr.)

City

State

ZIP Code

(Area Code) Telephone number

Name of Company or Firm

Employment Date (Mo./Yr.)

Business Address

Employment End (Mo./Yr.)

City

State

ZIP Code

(Area Code) Telephone number

- c. List below five (5) alarm installations, completed within the last twelve (12) months, in ALL areas for which you are applying. If applying for monitoring, list five (5) monitoring accounts.

Installation type (Burglar, Fire, etc.)	Address	City, State	Date

- d. List any other license(s) or certification(s) personally held in Tennessee (including driver's licenses):  
Attach an additional sheet, if needed.

Type of license	Number	Type of license	Number

- 7. CRIMINAL HISTORY INFORMATION:** Answer the following questions completely. Arrests or charges, regardless of disposition, appear on record returns from the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigation (FBI). If you answer or mark "yes" to any of the following questions, you are required to provide to this office no later than thirty (30) days after the completion of this application, a certified copy of the warrant or other certified court documents showing the final disposition of your arrest and/or charges, including suspended or deferred sentences. If the court that dealt with the charges no longer has these records on file, you must obtain a certified letter from the court clerk to that effect. A complete explanation of the factual circumstances surrounding each charge should also be provided. Failure to fully disclose all arrest information could disqualify you under T.C.A. 62-32-319(d).

- a. Have you ever been arrested in Tennessee or any other state? Yes ☐ No ☐

If yes, what state(s): \_\_\_\_\_

- b. Were you transported to or surrendered at a police station, sheriff's office or other law enforcement facility? Yes ☐ No ☐

- c. Once there, were you fingerprinted, photographed and booked into jail? Yes ☐ No ☐

- d. What were you charged with? Please list all charges below. (Attach a separate sheet if necessary.)

Date	Charge	City	State

- e. Did you appear before the court and enter a plea of guilty, not guilty or no contest? Yes ☐ No ☐

- f. Did the court find you guilty of any charges? Yes ☐ No ☐

- g. If you pled guilty or were found guilty of any charge(s), identify the offense(s) of which you were convicted and the sentence imposed by the court. Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence or period of probation, and list the sentence below. In addition, you **MUST** forward a certified copy of the warrant or other notarized court documents showing the final disposition of any charge(s), as well as an explanation of the circumstances surrounding the arrest(s). Attach an explanation of the circumstances surrounding the offense as indicated in the first paragraph of this application section. Attach a separate sheet if necessary.

Date	Charge	Sentence	Probation Completed Date

- h. Are you currently on a deferred sentence or on probation? Yes ☐ No ☐
- i. Did the court dismiss the charge(s) against you? Yes ☐ No ☐
- j. Were the charges against you expunged from your record by the court? Yes ☐ No ☐  
If yes, you MUST provide a copy of the expungement order.
- k. Do you currently have charges pending against you? Yes ☐ No ☐  
If yes, please provide the information requested below, along with an explanation of the circumstances surrounding the charge(s). You are required to provide this office with certified court documents showing the disposition of these charges within thirty (30) days of these charges being resolved by conviction or dismissal. Attach a separate sheet if necessary.

_____ Date of Arrest	_____ Charge	_____ Court of jurisdiction (City, State)	_____ Arraignment/Court Date
_____ Date of Arrest	_____ Charge	_____ Court of jurisdiction (City, State)	_____ Arraignment/Court Date

**8. I HAVE ENCLOSED:**

- ☐ a. **Three (3) Sets of Classifiable Fingerprints:** Use only those fingerprint cards provided by this office. Prints must be rolled nail-to-nail by a qualified, trained technician. Remember that all information on fingerprint cards MUST be completed and signed.
- ☐ b. **Two (2) 1"x1" Color Passport-style Photos:** Include your name and Social Security number on the back of each. DO NOT USE POLAROID PICTURES
- ☐ c. **The Required Application Fee:** Make checks and money orders payable to: TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE.

**9. STATEMENT OF COMPLIANCE AND UNDERSTANDING:**

(Application must be signed under oath and notarized)

I CERTIFY THAT I HAVE READ TENNESSEE CODE ANNOTATED, TITLE 62, CHAPTER 32, AND THE CORRESPONDING ADMINISTRATIVE RULES, AND AM FAMILIAR WITH AND UNDERSTAND MY LEGAL RESPONSIBILITIES.

I UNDERSTAND THAT ANY FALSE STATEMENT(S) AND/OR MISREPRESENTATIONS(S) GIVEN BY ME ON THIS APPLICATION OR ON ANY ATTACHMENTS WILL BE PUNISHABLE UNDER THE PROVISIONS OF TENNESSEE CODE ANNOTATED, TITLE 62, CHAPTER 32.

THEREFORE, I CERTIFY THAT ALL ANSWERS, STATEMENTS, AND INFORMATION GIVEN BY ME IN THIS APPLICATION AND IN ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature of Qualifying Agent Applicant

Subscribed and sworn to, before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

[NOTARY SEAL]

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_